



# Illinois Environmental Protection Agency

Bureau of Water • 1021 North Grand Avenue East • P.O. Box 19276 • Springfield • Illinois • 62794-9276

## Sanitary Sewer Overflow or Bypass Notification Summary Report

- Within 24 hours of the occurrence, notify the Illinois EPA regional wastewater staff by telephone, FAX, email or voice mail, if staff are unavailable.
- Within 5 days of the occurrence, provide a written report describing the overflow or bypass, including all information requested on this form. The permittee is required to submit this form or other equivalent written notification to the Illinois EPA at:

Bureau of Water/Compliance Assurance Section - MC #19  
1021 North Grand Avenue East  
P.O. Box 19276  
Springfield, IL 62794-9276

NOTE: You may complete this form online, save a copy locally, print, sign and submit it to the BOW/CAS MC #19, at the above address. You may also print the form before completing it by hand, signing and submitting it.

Failure to notify the Illinois EPA as specified may result in fines up to \$10,000 for each day of violation.

Instructions: Use this form to report all unscheduled sanitary sewer overflow or bypass occurrences. Attach additional information as necessary to explain or document the overflow or bypass. For the purpose of this report, an overflow or bypass is defined as the discharge of untreated sewage from the sanitary sewer collection system to a surface water and/or ground due to circumstances such as those identified by the check boxes in the overflow or bypass details section of this form.

Use one form per occurrence. A single occurrence may be more than one day if the circumstances causing the overflow or bypass results in a discharge duration of more than 24 hours. If there is a stop and restart of the overflow or bypass within 24 hours, but it is caused by the same circumstances, report it as one occurrence. If the discharges are separated by more than 24 hours, they should be reported as separate occurrences.

### 24 Hour Notification Information

Permittee (Municipality or Facility Name): VILLAGE OF HOMEWOOD Permit Number: MS4-IL40035 Person Representing Permittee Who Contacted IEPA: HARRY HAMMOCK

Date: 05-11-15 Time: 2:00 AM ☐ PM ☒ IEPA Office Contacted: DES PLAINES Name of IEPA Employee Contacted: ALAN ANDERSON

### Sanitary Sewer Overflow or Bypass Details

Date and Duration of Overflow or Bypass Occurrence (complete a separate form for each occurrence):

Start Date: 05-10-15 Time: 8:30 AM ☐ PM ☒ Duration of the overflow or bypass (hours and minutes): 2-4HRS

Estimated Volume of  
Wastewater  
Discharged  
(gallons):

WWTP Flow During bypass (report in  
MGD): Not applicable for a collection  
system SSO.

200GAL APPROX.

Location of the Overflow or Bypass:  
19012 JODI TERR.

### Circumstances Causing the Overflow or Bypass (check all that apply)

WPC 733  
11/2011

☒ Rain ☐ Power Outage ☐ Equipment Failure ☒ Other (explain below)  
☐ Snow Melt ☐ Broken Sewer ☐ Widespread Flooding

Provide a narrative description to further explain why the overflow or bypass occurred. For example, describe what equipment failed. What caused the power outage, or what plugged the sewer. Flooding should only be indicated, as a cause if there is significant flooding that is caused by high river, stream, or lake water levels, not just localized high water in the street.

LARGE AMOUNT OF RAIN HAD FALLEN THROUGH OUT THE DAY. THE VILLAGE MAIN SEWER LINE HAD BECOME PLUGGED AND BACKED UP INTO THE BASEMENT OF THE ABOVE ADDRESS THE SUMP PUMP FOR THE ADDRESS WAS DISCHARGING INTO THE FRONT YARD. NO ONE WAS HOME AT THE ADDRESS.

**Wct Weather (if applicable)**

Date(s) and Duration of Rainfall:

Start Date:	Time:	AM PM	End Date:	Time:	AM PM	Amount of Rainfall (inches)	Amount of Snow Melt (inches)
05-10-15	4:00	<input checked="" type="checkbox"/> <input type="checkbox"/>	05-11-15	2:00	<input type="checkbox"/> <input checked="" type="checkbox"/>	1.15"	

Contributing Soil Conditions (saturated, frozen, soil type)

**Where Did the Discharge from the Overflow or Bypass Go? (check all that apply)**

Provide the name of the local receiving water that the wastewater enters, which could be a nearby stream, river, lake, or wetland. If discharge does not enter directly into surface water, but indirectly by way of a ditch or storm sewer, trace the path of the ditch or storm sewer to find the receiving water.

- ☐ Runs on ground and absorbs into the soil
- ☐ Ditch: Name of surface water it drains to: \_\_\_\_\_
- ☐ Storm Sewer: Name of surface water it drains to: \_\_\_\_\_
- ☐ Surface water direct discharge: \_\_\_\_\_
- ☒ Basement Back-ups, (Number & use (i.e.residential, commercial) of buildings affected): \_\_\_\_\_
- ☐ Other, describe: \_\_\_\_\_

**Actions to Correct This Occurrence and Prevent Future Overflows or Bypasses**

Describe what actions were taken to minimize the volume of wastewater discharged from the overflow or bypass reported on this form. Also describe what actions are planned to prevent or minimize future overflows or bypasses. Illinois law and NPDES permits prohibit overflows or bypasses, unless certain specified conditions are met. Sanitary sewer overflows and bypasses may be the subject of enforcement action.

THE VILLAGE RESPONDED IMEDITLEY TO THE CALL HAD THE SEWER LINE CLEANED AND FREED THE SEWER PLUG

**Report Completed By**

Contact Person: HARRY HAMMOCK  
Street Address: 17755 S ASHLAND AVE.  
PO Box: \_\_\_\_\_  
City: HOMEWOOD State: IL  
Zip Code: 60430 Phone: 708-206-2910  
County: COOK

**Authorized Representative Contact Information**

Contact Person: HARRY HAMMOCK  
Title: UTILITY SUPERVISOR  
Street Address: 17755 S ASHLAND AVE.  
PO Box: \_\_\_\_\_  
City: HOMEWOOD State: IL  
Zip Code: 60430 Phone: 708-206-2910  
County: COOK

*Any person who knowingly makes a false, fictitious, or fraudulent material statement, orally or in writing, to the Illinois EPA commits a Class 4 felony. A second or subsequent offense after conviction is a Class 3 felony. (415 ILCS 5/44(h))*

Authorized Representative Name (Print)

Harry Hammock  
Paul Danneback  
Authorized Representative Signature

Title

Utility Supervisor  
5/11/15  
Date



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Use one form per occurrence. A single occurrence may be more than one day if the circumstances causing the overflow or bypass results in a discharge duration of more than 24 hours. If there is a stop and restart of the overflow or bypass within 24 hours, but it is caused by the same circumstances, report it as one occurrence. If the discharges are separated by more than 24 hours, they should be reported as separate occurrences.

### 24 Hour Notification Information

Permittee (Municipality or Facility Name):  
VILLAGE OF HOMEWOOD

Permit Number:  
MS4-IL40035

Person Representing Permittee Who Contacted IEPA:  
HARRY HAMMOCK

Date: 06-17-15 Time: 9:00 AM ☒ PM ☐ IEPA Office Contacted:  
DES PLAINES

Name of IEPA Employee Contacted:  
ALAN ANDERSON

### Sanitary Sewer Overflow or Bypass Details

Date and Duration of Overflow or Bypass Occurrence (complete a separate form for each occurrence):

Start Date: 06-16-15 Time: 2:30 AM ☐ PM ☒ Duration of the overflow or bypass (hours and minutes):  
1 HOUR

Estimated Volume of  
Wastewater  
Discharged  
(gallons):

10

WWTP Flow During bypass (report in  
MGD): Not applicable for a collection  
system SSO.

Location of the Overflow or Bypass:  
17930 HOMEWOOD AVE.

### Circumstances Causing the Overflow or Bypass (check all that apply)

WPC 733  
11/2011

- ☒ Rain ☐ Power Outage ☐ Equipment Failure ☐ Other (explain below)  
☐ Snow Melt ☐ Broken Sewer ☐ Widespread Flooding

Provide a narrative description to further explain why the overflow or bypass occurred. For example, describe what equipment failed. What caused the power outage, or what plugged the sewer. Flooding should only be indicated, as a cause if there is significant flooding that is caused by high river, stream, or lake water levels, not just localized high water in the street.

THERE WAS A BLOCKAGE IN THE VILLAGE MAIN SEWER LINE FROM ROOTS AND HEAVY RAINFALL

**Wet Weather (if applicable)**

Date(s) and Duration of Rainfall:

Start Date:	Time:	AM PM	End Date:	Time:	AM PM	Amount of Rainfall (inches)	Amount of Snow Melt (inches)
06-14-15	4:00	<input checked="" type="checkbox"/> <input type="checkbox"/>	06-16-15	2:00	<input checked="" type="checkbox"/> <input type="checkbox"/>	1.5 TO 2.5	

Contributing Soil Conditions (saturated, frozen, soil type)  
SATURATED**Where Did the Discharge from the Overflow or Bypass Go? (check all that apply)**

Provide the name of the local receiving water that the wastewater enters, which could be a nearby stream, river, lake, or wetland. If discharge does not enter directly into surface water, but indirectly by way of a ditch or storm sewer, trace the path of the ditch or storm sewer to find the receiving water.

- ☐ Runs on ground and absorbs into the soil
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- ☐ Other, describe: \_\_\_\_\_

**Actions to Correct This Occurrence and Prevent Future Overflows or Bypasses**

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THE VILLAGE RODDED THE MAIN AND THEN ROOT CUT THE LINE TO ENSURE A CLEAR MAIN

**Report Completed By**

Contact Person: HARRY HAMMOCK  
Street Address: 17755 S ASHLAND AVE  
PO Box: \_\_\_\_\_  
City: HOMEWOOD State: IL  
Zip Code: 60430 Phone: 708-206-2910  
County: COOK

**Authorized Representative Contact Information**

Contact Person: HARRY HAMMOCK  
Title: UTILITY SUPERVISOR  
Street Address: 17755 S ASHLAND AVE  
PO Box: \_\_\_\_\_  
City: HOMEWOOD State: IL  
Zip Code: 60430 Phone: 708-206-2910  
County: COOK

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Authorized Representative Name (Print)

Harry Hammock  
Douglas Hammock  
Authorized Representative Signature

Title

UTILITY SUPERVISOR

Date

6/17/15  
Date



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Date: 06-17-15 Time: 9:00 AM ☒ PM ☐ IEPA Office Contacted:  
DES PLAINES

Name of IEPA Employee Contacted:  
ALAN ANDERSON

### Sanitary Sewer Overflow or Bypass Details

Date and Duration of Overflow or Bypass Occurrence (complete a separate form for each occurrence):

Start Date: 06-15-15 Time: 10:00 AM ☐ PM ☒ Duration of the overflow or bypass (hours and minutes):  
1 HOUR

Estimated Volume of  
Wastewater  
Discharged  
(gallons):

WWTP Flow During bypass (report in  
MGD): Not applicable for a collection  
system SSO.

Location of the Overflow or Bypass:  
1246 THOMAS ST.

10

### Circumstances Causing the Overflow or Bypass (check all that apply)

WPC 733 11/2011 ☒ Rain ☐ Power Outage ☐ Equipment Failure ☐ Other (explain below)  
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THERE WAS A SMALL BLOCKAGE IN VILLAGE MAIN LINE BUT MOST OF PROBLEM WAS ON THE RESIDENTS LATERAL LINE.

**Wet Weather (if applicable)**

Date(s) and Duration of Rainfall:

Start Date:	Time:	AM PM	End Date:	Time:	AM PM	Amount of Rainfall (inches)	Amount of Snow Melt (inches)
06-13-15	2:00	<input type="checkbox"/> <input checked="" type="checkbox"/>	06-16-15	2:00	<input checked="" type="checkbox"/> <input type="checkbox"/>	1.5 TO 2.5	

Contributing Soil Conditions (saturated, frozen, soil type)  
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Authorized Representative Name (Print)

Title

UTILITY SUPERVISOR

Authorized Representative Signature

Date

Harry Hammock  
Danly Donnupek

6/17/15